

A		MM	DD	YYYY				<input type="checkbox"/> Delete	NFIRS -1	
AA211		IL	10	12	2018	CEN	18-0003062	000	<input type="checkbox"/> Change	Basic
FDID *		State *	Incident Date *	Station	Incident Number *	Exposure *	<input type="checkbox"/> No Activity			
<p><input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.</p>										
B Location*		<p><input type="checkbox"/> Street address 611 N 8th <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway <input type="checkbox"/> In front of Quincy <input type="checkbox"/> Rear of Apt./Suite/Room City <input type="checkbox"/> Adjacent to State Zip Code <input type="checkbox"/> Directions Cross street or directions, as applicable</p>								
C Incident Type *		<p>E1 Date & Times Midnight is 0000</p> <p>Check boxes if dates are the same as Alarm Date. Month Day Year Hr Min Sec</p> <p><input type="checkbox"/> Alarm * 10 12 2018 21:12:18</p> <p>ARRIVAL required, unless canceled or did not arrive</p> <p><input checked="" type="checkbox"/> Arrival * 10 12 2018 21:15:45</p> <p>CONTROLLED Optional, Except for wildland fires</p> <p><input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires</p> <p><input checked="" type="checkbox"/> Last Unit Cleared 10 13 2018 03:00:00</p>								
D Aid Given or Received*		<p>E2 Shift & Alarms Local Option</p> <p><input type="checkbox"/> 1 01 246 Shift or Platoons Alarms District</p>								
<p>1 <input type="checkbox"/> Mutual aid received</p> <p>2 <input type="checkbox"/> Automatic aid recd.</p> <p>3 <input type="checkbox"/> Mutual aid given</p> <p>4 <input type="checkbox"/> Automatic aid given</p> <p>5 <input type="checkbox"/> Other aid given</p> <p>N <input checked="" type="checkbox"/> None</p>		<p>E3 Special Studies Local Option</p> <p><input type="checkbox"/> Special Study ID# Special Study Value</p>								
F Actions Taken *		<p>G1 Resources *</p> <p><input checked="" type="checkbox"/> Apparatus Check this box and skip this section if an Apparatus or Personnel form is used.</p> <p>Suppression 0008 0017</p> <p><input type="checkbox"/> EMS</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Check box if resource counts include aid received resources.</p> <p>G2 Estimated Dollar Losses & Values</p> <p>LOSSES: Required for all fires if known. Optional for non fires. None</p> <p>Property \$ 054,200</p> <p>Contents \$ 032,500</p> <p>PRE-INCIDENT VALUE: Optional</p> <p>Property \$ 194,400</p> <p>Contents \$ 077,800</p>								
Completed Modules		<p>H1* Casualties None</p> <p><input checked="" type="checkbox"/> Deaths Deaths</p> <p><input checked="" type="checkbox"/> Injuries Injuries</p> <p><input checked="" type="checkbox"/> Fire Service Fire Service</p> <p><input checked="" type="checkbox"/> Civilian Civilian 002 002</p> <p>H2 Detector</p> <p>Required for Confined Fires.</p> <p>1 <input type="checkbox"/> Detector alerted occupants</p> <p>2 <input checked="" type="checkbox"/> Detector did not alert them</p> <p>U <input type="checkbox"/> Unknown</p> <p>H3 Hazardous Materials Release</p> <p>N <input checked="" type="checkbox"/> None</p> <p>1 <input type="checkbox"/> Natural Gas: slow leak, no evaporation or HazMat actions</p> <p>2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)</p> <p>3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container</p> <p>4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage</p> <p>5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable</p> <p>6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only</p> <p>7 <input type="checkbox"/> Motor oil: from engine or portable container</p> <p>8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons</p> <p>0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form</p> <p>I Mixed Use Property</p> <p>NN <input checked="" type="checkbox"/> Not Mixed</p> <p>10 <input type="checkbox"/> Assembly use</p> <p>20 <input type="checkbox"/> Education use</p> <p>33 <input type="checkbox"/> Medical use</p> <p>40 <input type="checkbox"/> Residential use</p> <p>51 <input type="checkbox"/> Row of stores</p> <p>53 <input type="checkbox"/> Enclosed mall</p> <p>58 <input type="checkbox"/> Bus. & Residential</p> <p>59 <input type="checkbox"/> Office use</p> <p>60 <input type="checkbox"/> Industrial use</p> <p>63 <input type="checkbox"/> Military use</p> <p>65 <input type="checkbox"/> Farm use</p> <p>00 <input type="checkbox"/> Other mixed use</p>								
J Property Use* Structures		<p>341 <input type="checkbox"/> Clinic, clinic type infirmary</p> <p>342 <input type="checkbox"/> Doctor/dentist office</p> <p>361 <input type="checkbox"/> Prison or jail, not juvenile</p> <p>419 <input checked="" type="checkbox"/> 1-or 2-family dwelling</p> <p>429 <input type="checkbox"/> Multi-family dwelling</p> <p>439 <input type="checkbox"/> Rooming/boarding house</p> <p>449 <input type="checkbox"/> Commercial hotel or motel</p> <p>459 <input type="checkbox"/> Residential, board and care</p> <p>464 <input type="checkbox"/> Dormitory/barracks</p> <p>519 <input type="checkbox"/> Food and beverage sales</p> <p>539 <input type="checkbox"/> Household goods, sales, repairs</p> <p>579 <input type="checkbox"/> Motor vehicle/boat sales/repair</p> <p>571 <input type="checkbox"/> Gas or service station</p> <p>599 <input type="checkbox"/> Business office</p> <p>615 <input type="checkbox"/> Electric generating plant</p> <p>629 <input type="checkbox"/> Laboratory/science lab</p> <p>700 <input type="checkbox"/> Manufacturing plant</p> <p>819 <input type="checkbox"/> Livestock/poultry storage (barn)</p> <p>882 <input type="checkbox"/> Non-residential parking garage</p> <p>891 <input type="checkbox"/> Warehouse</p> <p>936 <input type="checkbox"/> Vacant lot</p> <p>938 <input type="checkbox"/> Graded/care for plot of land</p> <p>946 <input type="checkbox"/> Lake, river, stream</p> <p>951 <input type="checkbox"/> Railroad right of way</p> <p>960 <input type="checkbox"/> Other street</p> <p>961 <input type="checkbox"/> Highway/divided highway</p> <p>962 <input type="checkbox"/> Residential street/driveway</p> <p>981 <input type="checkbox"/> Construction site</p> <p>984 <input type="checkbox"/> Industrial plant yard</p> <p>Lookup and enter a Property Use code only if you have NOT checked a Property Use box:</p> <p>Property Use 419</p> <p>1 or 2 family dwelling</p>								
NFIRS-1 Revision 03/11/99										

K1 Person/Entity Involved			Business name (if applicable)			Area Code	Phone Number
<input type="checkbox"/> Local Option			<input type="checkbox"/> William			<input type="checkbox"/> Brewer	<input type="checkbox"/>
			Mr.,Ms., Mrs. First Name			MI	Last Name
<input checked="" type="checkbox"/> Check This Box if same address as incident location. Then skip the three duplicate address lines.			<input type="checkbox"/> 611	<input type="checkbox"/> N	<input type="checkbox"/> 8th	<input type="checkbox"/> ST	<input type="checkbox"/> Suffix
			Number	Prefix	Street or Highway	Street Type	Suffix
			<input type="checkbox"/> Post Office Box			<input type="checkbox"/> Quincy	
			<input type="checkbox"/> Apt./Suite/Room			City	
			<input type="checkbox"/> IL	<input type="checkbox"/> 62301	<input type="checkbox"/> -		
			State	Zip Code			
<input type="checkbox"/> More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary							

L Remarks

Local Option

E2 responded to a 2-4-6 General alarm to 611 N. 8th, report of a possible structure fire. En-route dispatch informed us that there were two individuals trapped on the second floor. Upon arrival QPD was on scene and light smoke was visible from the upper level of the 2 story brick home. An officer informed Capt. Bichsel that the mother reported that two children were still in the front bedroom on the second floor. The two second floor windows were darkened with smoke. Capt. Bichsel instructed E2's crew to throw a ladder to a second floor window on the front of the house. Prior to the ladder being thrown the two windows started to break due to the heat. The ladder was placed in the rescue position below the north window. FF. Moody was the first up the ladder followed by Capt. Bichsel. FF. Moody was attempted to make entry but was unable due to the heat. E4's crew handed up an attack line to Moody and Bichsel. FF Moody applied water into the room for several seconds then FF. Moody, Capt. Bichsel and FF. Dade was able to make entry. The floor was covered with mattresses and other debris. The search began for the two children while FF. Moody knocked down the fire. Capt. Bichsel located the two children lying one on top of the other on the floor. Both children were deceased with no chance of revival. Both children were severely burned. Capt. Bichsel notified Acting AC Munger that the victims were located. It was decided that the victims were going to be left in place. The fire was contained to the front second floor bedroom. E2's crew was relieved by E3's crew.

E2's crew changed bottles and started to gather building information. The mother and one child were transported to Blessing by ACAS and treated for smoke inhalation. Capt. Bichsel informed the fire and police investigators of what E2's crew did and what was found. E2's crew assisted with shutting down an attack line and loading it on E2. E2's crew assisted with reloading 5" hose onto E6. It was determined that all hot spots were extinguished and QPD and Fire investigators began to check out the burn room. Acting AC Munger released E2 from the scene. E2's crew went to Blessing to gather personal information on the occupants

I. Authorization

104	Bichsel, Chris L	CAPT	2	10	13	2018
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

Check Box if 104 Bichsel, Chris L CAPT 2 10 13 2018
same as Officer Member making report ID in charge.
Signature Position or rank Assignment Month Day Year

AA211
FDID *

MM DD YYYY

IL
State *10 12
Incident Date *CEN
Station18-0003062
Incident Number *000
Exposure *Complete
Narrative**Narrative:**

E2 responded to a 2-4-6 General alarm to 611 N. 8th, report of a possible structure fire. En-route dispatch informed us that there were two individuals trapped on the second floor. Upon arrival QPD was on scene and light smoke was visible from the upper level of the 2 story brick home. An officer informed Capt. Bichsel that the mother reported that two children were still in the front bedroom on the second floor. The two second floor windows were darkened with smoke. Capt. Bichsel instructed E2's crew to throw a ladder to a second floor window on the front of the house. Prior to the ladder being thrown the two windows started to break due to the heat. The ladder was placed in the rescue position below the north window. FF. Moody was the first up the ladder followed by Capt. Bichsel. FF. Moody was attempted to make entry but was unable due to the heat. E4's crew handed up an attack line to Moody and Bichsel. FF Moody applied water into the room for several seconds then FF. Moody, Capt. Bichsel and FF. Dade was able to make entry. The floor was covered with mattresses and other debris. The search began for the two children while FF. Moody knocked down the fire. Capt. Bichsel located the two children lying one on top of the other on the floor. Both children were deceased with no chance of revival. Both children were severely burned. Capt. Bichsel notified Acting AC Munger that the victims were located. It was decided that the victims were going to be left in place. The fire was contained to the front second floor bedroom. E2's crew was relieved by E3's crew.

E2's crew changed bottles and started to gather building information. The mother and one child were transported to Blessing by ACAS and treated for smoke inhalation. Capt. Bichsel informed the fire and police investigators of what E2's crew did and what was found. E2's crew assisted with shutting down an attack line and loading it on E2. E2's crew assisted with reloading 5" hose onto E6. It was determined that all hot spots were extinguished and QPD and Fire investigators began to check out the burn room. Acting AC Munger released E2 from the scene. E2's crew went to Blessing to gather personal information on the occupants and victims but QPD had already left. E2 returned to the scene and Capt. Bichsel was able to get occupant and victim information from QPD. QPD reported that the occupants were living at the house as squatters and were suppose to be out of the house back in September. The power and utilities were shut off in September. The occupants were using an extension cord running from the neighbors basement into the house, then split off to several other extension cords. One extension cord was run up the stairs into the fire room. QPD reported that the mother stated that the extension cord was running a space heater. The neighbor was unaware that the extension cord was coming from their basement. There were no smoke detectors in the house. E2 returned to quarters. QFD and QPD investigators remained on scene.

A		AA211	IL	10	12	YYYY 2018	CEN	18-0003062	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire
B Property Details		C On-Site Materials <input type="checkbox"/> None <i>Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved</i> Enter up to three codes. Check one or more boxes for each code entered. _____ On-site material (1) _____ On-site material (2) _____ On-site material (3)									
B1 0001 <input type="checkbox"/> Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i>		1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service									
B2 001 <input type="checkbox"/> Buildings not involved <i>Number of buildings involved</i>											
B3 _____ <input type="checkbox"/> None <i>Acres burned (outside fires)</i> <input type="checkbox"/> Less than one acre											
D Ignition		E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. <i>Skip to section G</i> 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input checked="" type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation									
D1 21 <input type="checkbox"/> Bedroom - < 5 persons; <i>Area of fire origin *</i>		E2 Factors Contributing To Ignition UU <input type="checkbox"/> Undetermined <input checked="" type="checkbox"/> None <i>Factor Contributing To Ignition (1)</i> _____ <i>Factor Contributing To Ignition (2)</i>									
D2 UU <input type="checkbox"/> Undetermined <i>Heat source *</i>		E3 Human Factors Contributing To Ignition <i>Check all applicable boxes</i> 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor <i>Estimated age of person involved</i> _____ 1 <input type="checkbox"/> Male <input type="checkbox"/> Female									
D3 UU <input type="checkbox"/> Undetermined <i>Item first ignited *</i> 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin											
D4 _____ <i>Type of material</i> Required only if item first ignited code is 00 or <70											
F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G		F2 Equipment Power _____ <i>Equipment Power Source</i> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <i>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</i>									
F2 Equipment Power _____		G Fire Suppression Factors <i>Enter up to three codes.</i> <input type="checkbox"/> None _____ <i>Fire suppression factor (1)</i> _____ <i>Fire suppression factor (2)</i> _____ <i>Fire suppression factor (3)</i>									
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned		H2 Mobile Property Type & Make _____ <i>Mobile property type</i> _____ <i>Mobile property make</i> _____ <i>Mobile property model</i> _____ <i>Year</i> _____ <i>License Plate Number</i> _____ <i>State</i> _____ <i>VIN Number</i>									
		Local Use <input type="checkbox"/> Pre-Fire Plan Available <i>Some of the information presented in this report may be based upon reports from other Agencies</i> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached									
NFIRS-2 Revision 01/19/99											

I1 Structure Type * If Fire was in enclosed building or a portable/mobile structure complete the rest of this form		I2 Building Status *	I3 Building * Height Count the ROOF as part of the highest story	I4 Main Floor Size* NFIRS-3 Structure Fire
1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure		1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished O <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	002 Total number of stories at or above grade	752 Total square feet
			001 Total number of stories below grade	OR Length in feet BY Width in feet
J1 Fire Origin *		J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story	K Material Contributing Most To Flame Spread	
002 Story of fire origin		Number of stories w/ minor damage (1 to 24% flame damage)	<input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L	
J2 Fire Spread *		Number of stories w/ significant damage (25 to 49% flame damage)	K1 _____ Item contributing most to flame spread	
1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input checked="" type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		Number of stories w/ heavy damage (50 to 74% flame damage)	K2 _____ Type of material contributing most of flame spread Required only if item contributing code is 00 or <70	
L1 Presence of Detectors * (In area of the fire)		L3 Detector Power Supply	L5 Detector Effectiveness Required if detector operated	
N <input checked="" type="checkbox"/> None Present — Skip to section M 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined		1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined	
L2 Detector Type		L4 Detector Operation	L6 Detector Failure Reason Required if detector failed to operate	
1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present O <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	
M1 Presence of Automatic Extinguishment System *		M3 Automatic Extinguishment System Operation Required if fire was within designed range	M5 Automatic Extinguishment System Failure Reason Required if system failed	
N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present _____		1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES		M4 Number of Sprinkler Heads Operating Required if system operated	NFIRS-3 Revision 01/19/99	
1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		Number of sprinkler heads operating _____		

AA211	IL	10	12	2018	CEN	18-0003062	000	Responding Personnel
FDID	State *	Incident Date *	Station	Incident Number *	Exposure *			
Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
104 Bichsel, Chris L	2	FIRE Fire		CAPT		2.64	2.64	0.00
116 Dade, Michael A	2	FIRE Fire		FAE		2.64	2.64	0.00
148 Moody, Paul J	2	FIRE Fire		FF		2.64	2.64	0.00
133 Schneider, Shawn S	3	FIRE Fire		FF		2.64	2.64	0.00
136 Baker, Deon W	3	FIRE Fire		FF		2.64	2.64	0.00
99 George, Chris J	3	FIRE Fire		FAE		2.64	2.64	0.00
113 Steinkamp, Jason P	4	FIRE Fire		LT		2.64	2.64	0.00
114 Elsie, Jeffrey B	4	FIRE Fire		FAE		2.64	2.64	0.00
150 Ogilvie, Rian	4	FIRE Fire		FF		2.64	2.64	0.00
129 Weise, Andrew J	5	FIRE Fire		FF		2.64	2.64	0.00
132 Kendrick, Bradley D	5	FIRE Fire		LT		2.64	2.64	0.00
144 Willingham, Ryan	5	FIRE Fire		FF		2.64	2.64	0.00
108 Jennings, Matthew M	6	FIRE Fire		FAE		2.64	2.64	0.00
119 Wiewel, Stephen R	6	FIRE Fire		LT		2.64	2.64	0.00
146 Lucchetti, Mike	6	FIRE Fire		FF		2.64	2.64	0.00
107 Munger, Thurman A	IC	FIRE Fire		CAPT		2.64	2.64	0.00
125 Goehl, Cory R	RESCUE	FIRE Fire		FF		2.64	2.64	0.00

Total Participants: 17

Total Personnel Hours: 44.88

An 'X' next to the unit denotes driver.

A

AA211	IL	10	12	2018	CEN	18-0003062	000	<input type="checkbox"/> Delete	NFIRS - 18
FDID *	State *	Incident Date *	Station			Incident Number *	Exposure *	<input type="checkbox"/> Change	Supplemental

K1 Person/Entity Involved

Business name if applicable

Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Marylynn

Kramer

Mr.,Ms., Mrs. First Name

MI

Last Name

Suffix

611

N 8th

ST

Street Type

Number

Prefix

Street or highway

Suffix

Post office box

Apt./Suite/Room

Quincy

City

IL 62301 -

State Zip code

K2 Person/Entity Involved

Business name if applicable

Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. First Name

MI

Last Name

Suffix

611

N 8th

ST

Street Type

Number

Prefix

Street or highway

Suffix

Post office box

Apt./Suite/Room

Quincy

City

IL 62301 -

State Zip code

K3 Person/Entity Involved

Business name if applicable

Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Toby

Brewer

Mr.,Ms., Mrs. First Name

MI

Last Name

Suffix

611

N 8th

ST

Street Type

Number

Prefix

Street or highway

Suffix

Post office box

Apt./Suite/Room

Quincy

City

IL 62301 -

State Zip code

K4 Person/Entity Involved

Business name if applicable

Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Emma

Kramer

Mr.,Ms., Mrs. First Name

MI

Last Name

Suffix

611

N 8th

ST

Street Type

Number

Prefix

Street or highway

Suffix

Post office box

Apt./Suite/Room

Quincy

City

IL 62301 -

State Zip code

K5 Person/Entity Involved

Business name if applicable

Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or highway

Street Type

Post office box

Apt./Suite/Room

Quincy

City

IL 62301 -

State Zip code

AA211	FDID	MM 10 Incident	DD 12 Date	YYYY 2018 *	CEN Station	18-0003062 Incident Number	00000 Exposure	NFIRS - Incident User Fields
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GENERAL INCIDENT INFORMATION

Detectors? NO

Insurance: GRAWE INSURANCE

Was a Notice of Violation issued for burning? NO

Does NFPA 1710 apply? YES

EMS INCIDENT INFORMATION

Type of EMS call:

QFD arrival status:

Responded from: Central Station

FIRE INCIDENT INFORMATION

Building condition: FAIR

Room of origin size: 182 sq. ft.

Total building size: 1504 sq. ft.

Property status: RENTAL

Area damaged by:

Fire: 200 sq. ft. Heat: 600 sq. ft. Smoke: 1304 sq. ft. Water: 800 sq. ft.

Pump Time: 2 Hour(s) 5 Minute(s)